



CLERK OF THE BOARD OF SUPERVISORS
Mona Miyasato, County Executive Officer
Jacquelyne Alexander, Chief Deputy Clerk of the Board

COPY

January 27, 2025

Dimitar Yazadzhiev
4925 Cervanto Way
Santa Barbara, CA 93111

Re: NOTICE OF APPEAL HEARING – March 18, 2025

Dear Mr. Yazadzhiev:

This letter will serve as notice of the appeal hearing you requested, pursuant to Santa Barbara County Code Section 32-18, regarding the Transient Occupancy Tax audit findings dated December 11, 2024.

The hearing will be held on March 18, 2025. The Board of Supervisors meeting begins at 9:00 a.m. Please see the posted agenda available at <https://santabarbara.legistar.com/calendar.aspx> on the Thursday prior to the hearing date. The order of items listed on the agenda is subject to change by the Board.

You will be provided with an opportunity to address the Board on this matter. At the conclusion of the hearing, the findings and decision of the Board shall be final and conclusive, and the Clerk of the Board will mail you a copy of the Board's final decision.

Please be advised that failure to appear at the hearing or to raise any issue before the Board of Supervisors may result in you waiving your appeal rights or the waiver of your right to have the Board of Supervisors consider a particular issue.

Please contact me if you have any questions.

Kind regards,


Jacquelyne Alexander
Chief Deputy Clerk of the Board
805-568-2240



9589 0710 5270 2112 2019 83

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Santa Barbara, CA 93111

OFFICIAL USE

| | |
|--|--------|
| Certified Mail Fee | \$4.85 |
| \$ | \$0.00 |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$0.00 |
| <input type="checkbox"/> Return Receipt (electronic) | \$0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$0.00 |
| <input type="checkbox"/> Adult Signature Required | \$0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage | \$0.73 |
| \$ | |
| Total Postage and Fees | \$5.58 |
| \$ | |



Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4[®] _____